

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
APPLICATION FOR RENEWAL – ESTABLISHMENT LICENSE

**PLEASE MAKE CHECK PAYABLE TO: BOARD OF MORTICIANS AND FUNERAL DIRECTORS, 4201
Patterson Avenue, Baltimore, MD 21215**

FAILURE TO RENEW LICENSE BY 12/15/2018 WILL RESULT IN PENALTY FEE OF \$400

RETURN BY NOVEMBER 15, 2018

RENEWAL FEE \$700

EXP. DATE 11/30/2018

Establishment Name: _____

Federal Tax ID Number: -

SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address.

Establishment Address: _____

Trade Name (if applicable) _____

Establishment Phone Number: - -

Establishment Fax Number: - -

Practice Address: _____

Name of Supervising Mortician: _____

If Restricted (Funeral Establishment operating out of: _____

Establishment Phone Number: - -

E-mail address: _____ Cell Phone Number: _____ Who Cell? _____

Mailing Address: Which address do you wish to receive mail from the Board? (renewal licenses, newsletters, etc.)

(Please check one) Establishment: ☐ Practice: ☐ (If restricted)

Type of Business: Proprietorship ☐ Corporation ☐ Professional Association ☐ Partnership ☐

MD County where establishment is located: _____ MD County of Practice (If restricted): _____

The Health Occupations Article § 1-202, requires that you verify that you are complying with the Workmen's Compensation Law. This section must be completed in order for your renewal to be issued.

I hereby certify that:

_____ I am exempt because I do not employ anyone in my establishment.

_____ I employ one or more persons in my establishment and have the following coverage.

Insurance Company_____

Policy Number _____ Expiration Date_____

1. PROPRIETORSHIP:

Name of Owner: _____ License Number: _____

2. Partnership: List all Partners –active and inactive (Attach an additional page if necessary)

Name: _____ License Number: _____

Name: _____ License Number: _____

3. **PROFESSIONAL ASSOCIATION:** List all names of each licensee who holds at least a ten percent ownership interest in the partnership, professional association, or sole proprietorship which operates the funeral establishment. (Attach additional pages if necessary)

Name: _____ License Number: _____

Name: _____ License Number: _____

4. **PROFESSIONAL ASSOCIATION:** List all names of each member of the Professional Association. Include a Certificate of Good Standing from the Department of Assessments and Taxation. The Corporations and Associations Article, Annotated Code of Maryland, § 5-117 (a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees. (Attach an additional page if necessary)

Name: _____ License Number: _____

Name: _____ License Number: _____

5. **CORPORATION:** List all officers and positions (Attach additional pages if necessary.)

Name: _____ Address: _____

Position: _____

Name: _____ Address: _____

Position: _____

Name: _____ Address: _____

Position: _____

6. Who holds ownership of the funeral establishment building and/or real estate?

NAME OF INDIVIDUAL(S) WHO HOLD(S) OWNERSHIP OF BUILDING

Name _____ Address: _____

Name _____ Address: _____

7. Please complete a supervising mortician form for each supervising mortician.

8. List all individuals licensed by the Maryland State Board of Morticians and Funeral Directors who are either associated with, employed by, or supervised in your establishment. (Attach additional pages if necessary)

Name _____ License Number: _____ Expiration Date: _____

Name _____ License Number: _____ Expiration Date: _____

Name _____ License Number: _____ Expiration Date: _____

9. List all apprentice you employ. (Attach additional pages if necessary)
- Name _____ License Number: _____ Expiration Date: _____
- Name _____ License Number: _____ Expiration Date: _____
10. Does your establishment have an embalming preparation room? Yes ☐ No ☐
11. Does your establishment have a holding room? Yes ☐ No ☐
12. Is your establishment arrangements only? Yes ☐ No ☐
13. Restricted out of where? _____ (Current lease agreement must be attached)
14. If you send human remains out to be embalmed, where do you send them? _____
15. Do you use a trade embalmer? Yes ☐ No ☐ Whom? _____
16. Do you ever use a transport service? Yes ☐ No ☐ if so please list contact information. Attach additional pages is necessary)
- Name: _____ Address: _____
- Phone Number: _____
- Name: _____ Address: _____
- Phone Number: _____
- Name: _____ Address: _____
- Phone Number: _____
17. List all vehicles you own that are used to remove human remains form place of death. (attach additional page if necessary)
- Make & Model: _____ License Number: _____
- Make & Model: _____ License Number: _____
- Make & Model: _____ License Number: _____
- Make & Model: _____ License Number: _____
18. List all employees, including licensees that you utilize to remove human remains.
- Name _____ License Number: _____ Expiration Date: _____
- Name _____ License Number: _____ Expiration Date: _____
- Name _____ License Number: _____ Expiration Date: _____
19. Did all of the above employee receive appropriate training in OSHA/MOSH, Blood Bourne Pathogens and Infectious Diseases?
If no, please explain? _____
20. What was the date of the last OSHA training for your funeral establishment? _____

VERIFIED APPLICATION UNDER PENALTIES OF PURJURY

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete and made in good faith. If a funeral establishment license is granted, I do solemnly swear that the establishment operated under this license will be operated strictly in compliance with all Laws, Rules and Regulations of the Department of Health, the Maryland Board of Morticians and Funeral Directors and the State of Maryland.

Signature

Date

In accordance with Health Occupation Article, Title 7, § 7-310(b) (2) "An application for a Funeral Establishment License shall be signed by a licensed individual who is not an apprentice but is the owner or co-owner of the establishment to be licensed."

Subscribed and sworn to before me on this _____ day of _____, 20_____.

My Commission expires on _____.

NOTARY PUBLIC

SEAL